TO: HUMAN RESOURCES DEPARTMENT / EMPLOYEE BENEFITS SECTION CITY OF MIAMI BEACH

Effective pay period my pay check for the			- 20, p	lease discontinue the de	duction from
STD1	DISABIL	LITY INCOME IN	NSURANCE (F	Professional Insurance)	
CRIT	LF CRITICA	AL LIFE/ILLNES	S (KMG Amer	rica/Humana)	
UNIV	L2 UNIVER	RSAL LIFE (Unu	m/Provident Li	ife)	
UNIL	V1 UNIVER	UNIVERSAL LIFE (United Insurance Co. of America)			
CANO	CER CANCE	CANCER INSURANCE (Professional Insurance)			
STD2	. DISABIL	DISABILITY INCOME INSURANCE (Assurity Life)			
STDU	JNM DISABIL	LITY INCOME IN	NSURANCE (L	Jnum/Provident Life)	
LTCU	JNM LONG T	ERM CARE (U	num/Provident	: Life)	
	·			above cancelled payroll on the conditions and the conditions are considered as the conditions are conditions as the conditions are conditionally as the conditional conditional conditional conditional conditions are conditional conditional conditional c	
	surance carrier		relage by ser	laing my premiam paym	crits directly to
ID#	5	SS#	-	Date:	
Home/mailing addr	ess:				
(Employee Printed	name)	(Employ	ree Signature	·)	

For Benefits Office Use Only			
Insert Checkmark When Completed	Task Description		
()	Faxed to The Comprehensive Companies at 305-858-8124.		
()	Keyed cancellation into payroll database.		